

DCS #: _____

FOR OFFICE USE ONLY

Request Date: _____

Date 406 Sent: _____

Date 406 Received: _____

APPLICATION FOR LOCATION ONLY SERVICES

The Division of Child Support (DCS) will provide location only services to the resident parent, legal guardian, attorney or agent of a child who is not receiving TANF services; or a court that has authority to issue an order against a noncustodial parent. With this service, the DCS shall attempt to locate the noncustodial parent's address for the purposes of establishing paternity, establishing a child support obligation or the collection of court ordered child support. A \$20.00 application fee for this service is required. A \$50.00 application fee is required in child custody or parental kidnapping cases when the Social Security Number of the noncustodial parent is provided at the time of application. A \$54.00 application fee is required in child custody and parental kidnapping cases when the Social Security Number of the noncustodial parent is unknown or not provided. The fee is waived for services requested by the courts.

Please print or type your answers. Read all instructions carefully and answer each question as completely as possible. Failure to answer each question may delay processing of the application. Sign and mail completed application with appropriate attachments to Division of Child Support (DCS), Attn: Locate Division, 700 Governors Drive, Pierre, SD 57501.

If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for help. **Incomplete applications will be returned.**

Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? ☐ Yes ☐ No

If yes, specify what type of service you require (language type, sign, etc.) _____
(Interpreter services are provided free of charge.)

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Social Security Numbers

Social Security Numbers are used by the Division of Child Support program to locate individuals for purposes of establishing paternity, modifying, and enforcing support obligations. See 42 U.S.C. § 666(a)(13). If you do not have a Social Security number or the noncustodial parent's Social Security Number is unknown, the DCS will not deny your application.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

First Name	Initial	Last Name	Home Telephone Number (include area code)
Residential Address (Street, City, State, Zip Code)			
Mailing Address (if different than above) (Street, City, State, Zip Code)			
Date of Birth ____ / ____ / ____ <hr/> Social Security Number (if available) ____ / ____ / ____ <hr/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Do you currently have an attorney or agency representing you on any matter related to the noncustodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the attorney or agency know you are requesting DCS assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, name and address of attorney or agency: Name: _____ Address: _____ City, State, Zip: _____

INFORMATION ABOUT YOUR CHILD(REN)

List the full name and complete the following information for each child who lives with you and for whom you are seeking location of the noncustodial parent.

_____ First Name _____ Middle Initial _____ Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____ / ____ / ____ Social Security Number (if available) ____ - ____ - ____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Your relationship to the child? <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Does the child reside in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____ _____
_____ First Name _____ Middle Initial _____ Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____ / ____ / ____ Social Security Number (if available) ____ - ____ - ____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Your relationship to the child? <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Does the child reside in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____ _____

NONCUSTODIAL PARENT INFORMATION

First Name	Initial	Last Name	Home Telephone Number (include area code)
Last Known Residential Address (Street, City, State, Zip Code)			What date did the noncustodial parent live at this address?
Last Known Mailing Address (if different than above) (Street, City, State, Zip Code)			What states has the noncustodial parent lived in?
Date of Birth _____ Age _____ _____ / _____ / _____ Social Security Number (if available) _____ / _____ / _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
		Is he/she in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ National Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No Does he/she receive any military benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Place of Birth: _____		Height: _____	Weight: _____
Eye Color: _____		Hair Color: _____	Any distinguishing features: _____
What are the name/addresses of the parents of the noncustodial parent?		Name/Address/Telephone Number of friends that may know his/her address:	
Mother's Maiden Name (important when SSN unknown):		What is his/her usual occupation?	
Name and address of former employer (s):		Employer Telephone Number (include area code) When did he/she last work there?	
Has the noncustodial parent ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where was he/she incarcerated? _____ Date of incarceration: _____ What type of prison? <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal		Name and Address of Financial Institution of noncustodial parent: Account Number:	
Does the noncustodial parent own any property, including vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list/describe the property:		Sources of Income: List monthly amounts, if any, by each: Self-employment: \$ Rental: \$ Social Security: \$ Unemployment: \$ Veteran's Benefits: \$ Retirement Benefits: \$ Workers' Compensation: \$ SSI: \$ Other Income (explain):	

INFORMATION ABOUT YOUR LEGAL STATUS WITH THE NONCUSTODIAL PARENT

What is your current relationship with the noncustodial parent? <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated without legal document Date married, if applicable: _____

Has a court ever issued an order adjudicating:

Paternity: ☐ Yes ☐ No

If yes, date of order: _____

Docket number: _____

County and State order entered in: _____

Custody: ☐ Yes ☐ No

If yes, date of order: _____

Docket number: _____

County and State order entered in: _____

Payment of Child Support: ☐ Yes ☐ No

If yes, date of order: _____

Docket number: _____

County and State order entered in: _____

How are payments ordered to be made? _____

Has the noncustodial parent missed any payments? ☐ Yes ☐ No

Note: You must provide a copy of all orders relating to paternity, custody and child support.

AGREEMENT FOR CHILD SUPPORT ENFORCEMENT SERVICES

This is an Agreement between you and the South Dakota Department of Social Services' Division of Child Support (DCS) for location only services for the noncustodial parent. It is important that you read the entire Agreement carefully and sign where your signature is required without altering the agreement. When you sign the Agreement, complete the application and pay the appropriate application fee for location only services (see page 1 of application for fee amounts). DCS will provide services to you in accordance with both the law and our policies.

DCS cannot:

- Get involved in visitation, custody or property settlement issues, whether in a divorce action or any other legal proceeding.
- Provide child support enforcement services directly to you if you are a child seeking support from your parents. Your legal guardian or custodian, however, may seek assistance from us on your behalf.

YOUR RIGHT TO WITHDRAW FROM THIS AGREEMENT: You may terminate from this Agreement and close your case at any time. If you wish to terminate, notify the DCS in writing.

OUR RIGHT TO WITHDRAW FROM THIS AGREEMENT: The DCS may also terminate this Agreement and close your case. We will immediately do so if you apply for child support services or public assistance in another state or when the noncustodial parent has been located. The DCS will provide a Notice of Intent to Terminate Service for the following reasons:

- Current support is no longer due and/or arrearages are under \$500 or unenforceable under state law.
- The noncustodial parent is deceased and no further action can be taken.
- Paternity cannot be established as the child is 18 or genetic tests excluded the alleged father.
- The DCS has determined that further efforts are not in the best interest of the child.
- The DCS has not been able to locate the noncustodial parent over a period of 3 years or 1 year if there is not sufficient information to initiate an automated locate effort.
- The DCS has documented that you have not cooperated with the DCS.
- The DCS has been unable to contact you within 30 days.

UNDER THE PENALTY OF PERJURY I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant's Signature/Date

Subscribed and sworn to before me this ____ day of _____, ____.

Notary Public

My Commission expires: _____

(SEAL)